

LOCAL EDUCATION HEALTH INSURANCE RATES

EFFECTIVE 1/1/2010

PLAN	SINGLE/ FAMILY	%	EMPLOYEE SHARE	COUNTY SHARE	TOTAL
CIGNA	EMPLOYEE	25%	109.74	329.23	438.97
POS WEST	TOTAL SINGLE POLICY		109.74		
	DEPENDENTS	50%	328.34	328.34	656.68
	TOTAL FAMILY POLICY		438.08	657.57	1,095.65
BLUE CROSS BLUE SHIELD	EMPLOYEE ONLY	25%	119.75	359.24	478.99
PPO BLUE PREFERRED	TOTAL SINGLE POLICY		119.75		
	DEPENDENTS	50%	358.23	358.23	716.45
	TOTAL FAMILY POLICY		477.97	717.47	1,195.44

BLUE CROSS BLUE SHIELD CUSTOMER SERVICE NUMBER:

1-800-558-6213

BLUE CROSS BLUE SHIELD WEB SITE:

www.bcbst.com

CIGNA HEALTH CARE CUSTOMER SERVICE NUMBER:

1-800-244-6224

CIGNA HEALTH CARE WEB SITE:

www.cigna.com

THE EMPLOYEE PAYS 25% OF THE EMPLOYEE TOTAL PREMIUM AND 50% OF THEIR DEPENDENTS.

DENTAL INSURANCE RATES EFFECTIVE 1/01/2010

ASSURANT PRE-PAID

DELTA DENTAL PPO

EMPLOYEE ONLY	\$8.90	\$20.19
EMPLOYEE + 1	\$15.78	\$38.28
EMPLOYEE + 2 OR MORE	\$21.70	\$60.80